REMARKS/ARGUMENTS

Claims 1-31 are pending in the application. Claims 1-30 have been rejected, and claim 31 is new. Claims 1, 2, 8, 9, 16, 17, 19, 21-23, and 29 have been amended, and such amendments and new claim 31 are fully supported by the specification. For at least the reasons stated below, Applicants assert that all claims are in condition for allowance.

Oath/Declaration

Examiner has requested a new oath or declaration, asserting that the current oath or declaration is defective for failure to identify the citizenship of each inventor. Applicants respectfully request that this requirement be held in abeyance until such time that the appropriate inventors can be contacted and permitted to sign a new or supplemental oath or declaration.

Rejection Under 35 U.S.C. § 101

Claims 1-30 were rejected under 35 U.S.C. § 101 because the claimed invention is directed to non-statutory subject matter. In light of the amendments to independent claims 1, 16, 21, and 27, Applicants assert that this rejection is now moot and respectfully request that this rejection be withdrawn.

Rejection Under 35 U.S.C. § 102

Claims 1, 2, 6, 8, 10, 11, 13, 16, 20, 21, 24 and 25 were rejected as being anticipated by LASH (US 2001/0020229 A1). Applicants respectfully oppose these rejections. The cited reference fails to teach each and every element of every claim as required by MPEP § 2131. For at least this reason, the § 102 rejection is unsupported by the art and should be withdrawn.

Claims 16 and 19 recite "a method for targeting high-risk members from a plurality of members of a healthcare plan for proactive care." Specifically, independent claims 16 and 21 claim "filtering...the plurality of members [of the healthcare plan]...to identify a set of high-cost

members" based on "predicted future healthcare utilization," "calculating a relative risk for each of the high-cost members," and then "selecting an intervention set from the high-cost members based on the relative risk of the high-cost members." As recited, the steps of identifying high-cost members and selecting an intervention set from those high-cost members are distinct steps. The LASH reference fails to teach these limitations.

LASH discloses a method for predicting the likelihood that a patient will become a high user of medical services. In practice, prior to performing any analysis on the member patients in a managed care organization, the method of LASH first filters the patient members into a "homogenous sub-population" by disease or condition, such as asthma patients or diabetic patients. Page 4, paragraph 0037, lines 25-34 ("if the population is not otherwise homogeneous, it is filtered, for example on the basis of the disease or diagnosed condition of the patient to filter the population into more homogeneous sub-populations in step 65."); *see also*, page 5, paragraph 0046, lines 12-15, paragraph 0048, lines 8-10; *See also*, Fig. 3, element 65; Fig. 3A, element 65A, and Fig. 3B, element 65B. This first stage of filtering is explicitly based on disease or condition, not high-cost members based on predicted future healthcare utilization as claimed. Rather, LASH describes subsequently identifying future high users of medical services from the homogenized set of patients, not from the entire set of healthcare plan members as claimed. *See* page 4, paragraph 38 ("Once a homogeneous population or sub-population of patients is identified, then the regression analysis program operates...to predict whether the patient will be a high user of medical services...").

LASH further fails to disclose selecting an intervention set from the high-cost members where the set of high-cost members includes members with distinct intervention flags (claim 16) or distinct medical episodes (claim 21). As described, the method of LASH first filters its patient members into a "homogenous sub-population" by disease or condition, thereby removing any such patient diversity from the subsequent regression analysis. Indeed, LASH explicitly teaches away from including diversity in its filtered set of patients. Page 4, paragraph 0037, lines 23-("[I]t is very difficult to create accurate models with diverse populations of patients because they have very different motivations that control their behavior...Therefore, if the population is not

otherwise homogenous, it is filtered, for example on the basis of the disease or diagnosed condition...").

Finally, the LASH reference fails to teach "generating a display showing to a user the intervention flag" of a healthcare member (claim 1), a "medical episode" of a healthcare member (claims 1, 21), or "detailed information regarding the intervention flag" (claims 2 and 16), in response to the user's electronic selection of the same. Specifically, after the method filters the high-cost members (claims 16 and 21), calculates the relative risk (claims 1, 16, and 21), and selects an intervention set (claims 16 and 21), a user electronically selects to receive more information about a healthcare member's intervention flag or medical episode. It is through this navigation functionality that a human agent, or "intervention agent," is able to assess how to proceed with the interventional proactive care for the selected healthcare member. Nowhere does the cited reference teach this limitation, and the rejection acknowledges, "LASH does not explicitly recite the step for selecting one of the high cost members and displaying the portion of corresponding data." OA dated November 2, 2004, Page 7.

Applicants respectfully assert that LASH fails to teach the present claimed invention "in as complete detail as is contained in the ... claim" as required by MPEP § 2131. For at least the foregoing reasons, claims 1, 2, 6, 8, 10, 11, 13, 16, 20, 21, 24, and 25 are in condition for allowance.

Rejection Under 35 U.S.C. §103

Claims 3, 4, 5, 7, 9, 17, 18, 19, 22, 23 and 26-30 were rejected under 35 U.S.C. § 103(a) as being unpatentable over LASH (US 2001/0020229 A1). The reference fails to teach or suggest all of the claim limitations as required by MPEP § 2143, and therefore Applicants respectfully request that the rejection be withdrawn.

Claim 27 recites "filtering...the plurality of members [in a healthcare plan]...to identify a set of high-cost members" based on "predicted future healthcare utilization" and "selecting an intervention set from the high-cost members" where "the set of high-cost members includes

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members with distinct sets of intervention flags." As discussed above, the method of LASH operates in a fundamentally different manner from these limitations, and the reference actually teaches away from these limitations. For at least these reasons, the reference fails to teach or suggest all of the limitations of claims 27-31.

Claim 27 further recites "displaying to a user a portion of the data file corresponding to the selected intervention set member, such that the displayed portion of the data file includes the plurality of intervention flags of the selected intervention set member." Specifically, after the method filters the high-cost members, calculates the relative risk of the high-cost members, and selects an intervention set from the high-cost members, a plurality of intervention flags for the selected intervention set member are displayed to a user. Claim 31 recites additional selection from and information delivery to a user. Examiner asserts, "It would have been obvious to one having ordinary skill in the art at the time of the invention to select and display these readily available information on the individual basis..." However, the displayed information includes "a plurality of intervention flags" of a single member. Even assuming *arguendo* that it would have been obvious to display information to a user "on the individual basis," it would not have been obvious to modify LASH to display a plurality of intervention flags of a single member because the set of patients in LASH has been purposely filtered to remove multiple intervention flags. The patients in LASH are expressly grouped by a single intervention flag—e.g., asthma or diabetes—for subsequent regression analysis. For this additional reason, the reference fails to teach or suggest all of the limitations of claims 27-31.

As to claims 3, 4, 5, 7, 9, 17, 18, 19, 22, 23 and 26, they are allowable as depending from allowable independent claims 1, 16, and 21.

Claims 14 and 15 were rejected under 35 U.S.C. § 103(a) as being unpatentable over LASH (US 2001/0020229 A1) in view of Lockwood et al. (US 5,845,254), and claim 12 was rejected under 35 U.S.C. § 103(a) as being unpatentable over LASH (US 2001/0020229 A1) in view of Lutgen et al. (US 2003/0167189 A1). These claims are allowable as depending from allowable dependent claims as described above.

This application now stands in allowable form and reconsideration and allowance is respectfully requested.

Respectfully submitted,

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Date: <u>February 22, 2005</u>

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